| UNCLASSIFIED | | | | |
|--|----------|-----------|-----------------------|--|
| SUBJECT: (Optional) | | | | |
| FROM: | | | NO. | |
| | | | | DATE |
| TO: (Officer designation, room number, and building) | DATE | | OFFICER'S INITIALS | COMMENTS (Number each comment to show from wh |
| | RECEIVED | FORWARDED | INIHALS | to whom. Draw a line across column after each commen |
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